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**EXECUTIVE SUMMARY: SENIOR OFFICER ORAL HISTORY  
PROGRAM INTERVIEW OF MAJOR GENERAL (RETIRED)  
ENRIQUE MENDEZ, JR.**

BY

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MAJOR GENERAL (RETIRED) ENRIQUE MENDEZ, JR.

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## ABSTRACT

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This paper summarizes information provided by Major General (Ret) Enrique Mendez, Jr., during interviews conducted by Lieutenant Colonel (P) Elder Granger in November and December 1996 as part of the U.S. Army Military History Institute Senior Officer Oral History Program. The summary condenses the 241 page interview transcript into three parts: First is a general outline of General Mendez's personal history, covering significant activities and events of his career. The second part offers an overview of General Mendez's views on military medical issues and strategic thought. Finally, the interviewer seeks to capture the human dimension and philosophy of General Mendez's legacy. The transcript of the interviews is in the archives of the U.S. Army Military History Institute, Carlisle, PA 17013-5008.

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This executive summary covers the Senior Officer Oral History interview of Major General (Retired) Enrique Mendez, Jr., which was conducted at his home in Stafford, Virginia, during November and December 1996. General Mendez retired in June, 1983 with 28 years of military service to our great nation. His last military duty assignment was as the Commanding General, Walter Reed Army Medical Center, Washington, D.C. Major General Mendez stated during the first interview that he was not accustomed to talking about himself or his many accomplishments and achievements. However, his answers to many of the questions, presented in the form of personal vignettes, provide great insight into the events which shaped his leadership, while consistently revealing his humble demeanor. This is not a report or story on the struggles or shortcomings of mankind or even the Army system. It is however, a compelling story of an unassuming man rising to greatness in the Army, in the Commonwealth of Puerto Rico, and in the Department of Defense through over 38 years of combined military and governmental service. The story of Enrique Mendez, Jr. will inspire and encourage many generations to come.

The following summary is divided into three parts: the first part offers a general outline of General Mendez's

personal history, citing significant activities and events of his career. The second part is an overview of his views concerning military medical issues and strategic thoughts. Finally, the interviewer seeks to capture the human dimension and philosophy of General Mendez's legacy.

### **Personal History**

General Enrique Mendez, Jr., the oldest of two children, was born on 15 July 1931 in Santurce, Puerto Rico. His first few years were spent in the rather bucolic environment of a sugar mill. His father was a college trained engineer for the sugar mill in the small town of Toa Baja. In this rural setting around the sugar mill, the people who grew the sugar cane and sold it to the sugar mill lived. General Mendez had essentially a happy childhood replete with a great deal of love and learning. His entire family was involved in education, so the expectation of education became an important part of his very early life.

General Mendez enjoyed going to school. The possibilities of an education were a very positive incentive for him even today. His father, after he left the sugar mill, performed a number of contracted projects in a firm that he started with another civil engineer. His father's

work took the family to different parts of Puerto Rico. Thus the first few years of General Mendez's education were spent in both public and Catholic schools, depending on where his family was living. Early in life General Mendez accommodated to a rather nomadic existence. It was good preparation for his military career.

His family, like most Hispanic families, was an extended family. So the grandparents were very influential. General Mendez had a myriad cousins, uncles, and aunts, both on his father and mother's side. Visits to other members of the family and visits from other members of the family to his home were rather common occurrences. These visits were always sharing propositions, led by the matriarchs. General Mendez emphasized this maternal influence to offset the "machismo" Hispanic stereotype. His parents had the greatest influence in his life, not only in developing his exceptional ability to be able to reach out to people, but also in his ability to accept people as they are.

General Mendez graduated from a small all-boys boarding Catholic high school in Puerto Rico run by the Marianist brothers. He considered his high school years to be the

most critical period of his educational development. High school was very important because there he developed curiosity, respect for intellectual endeavor, love of music, and the joyful discipline of studying. Upon completing high school, General Mendez attended the University of Puerto Rico, where he earned a Bachelor of Science degree.

Dr. Hilton Lopez, a family physician and role model, was instrumental in General Mendez meeting his one and only wife of 44 years, Olga M. Munoz. Mrs. Mendez recalled their first meeting at a dance in the Casa de Espana. Mrs. Mendez had a partner, as did her future husband. The two of them started talking and immediately were drawn to one another. It was quickly obvious to Mrs. Mendez's father that they were talking so much that they were neglecting their dates. So her father came over to find out what was going on. Her father then met the object of his daughter's attention and found out he was Enrique Mendez son. Mrs. Mendez's father had been General Mendez's father's housemate in college. Her father knew his parents very well. The future Mrs. Mendez knew his cousins, aunts, and uncles, but she had never met his parents, brother, or him.

Puerto Rican courtship in those days was a ritual. First, there was a chaperone (parent, sibling, aunt or uncle) with them everywhere they went. Second, the couple had to plan carefully to spend even a few moments alone. Furthermore, General Mendez was in medical school in Chicago and she was still residing in Puerto Rico. So they could see each other only during the summer and vacations. General and Mrs. Mendez first went out by themselves in an automobile only the night before they were married. This intriguing courtship matured into a great marriage of love and open communication during General Mendez's third year of medical school.<sup>1</sup>

General Mendez's uncle, Dr. Caban was an exemplary general practitioner, and Dr. Hilton Lopez was a family physician. Both of these role models were influential in General M Mendez's career choice. General Mendez began his medical career in 1950 in a class of 88 students at the Stritch School of Medicine, Loyola University of Chicago. There was only one other student from Puerto Rico in his class, Dr. Tony Pavia, who later went into the same specialty as General Mendez.

During medical school, General Mendez' life was influenced by both peers and teachers, such as Dr. T.T. Job, the Chairman of Anatomy; Dr. George O'Brien at Mercy Hospital in Internal Medicine; Dr. Christian in pediatrics; and Dr. David Jones, his professor of Neuroanatomy. Dr. Jones touched his life not only as a teacher, but he also delivered the Mendezes' first child.

During medical school, General Mendez thought of himself as a minority only because he had spoken Spanish before he spoke English. But he did not consider himself in a racial minority. Prejudice in Puerto Rico was more socio-economic than racial, specially in private clubs or a private sorority, but not in theaters, busses, or restaurants. General Mendez was sure that prejudice did exist during his school years, but not in any overt way, certainly not professionally and not in public places. When the Mendezes moved to Chicago he had little concern about prejudice. Occasionally he was aware of a normal curiosity about his being from a rather "exotic" place like Puerto Rico.<sup>2</sup>

Upon completion of medical school in 1954, he started a rotating internship at Mercy Hospital, one of Loyola's main

affiliations. He felt this was the right place for him to continue his professional relationship with the clinical professors and members of the medical staff whom he had known at the medical school. General Mendez chose a rotating rather than a straight internship because his taste in medicine was toward all of medicine. Although he was leaning at that time toward the specialty of pediatrics, General Mendez felt that the rotating internship was extremely useful in preparation for medical practice as a general duty medical officer.

Mercy Hospital was a Catholic hospital run by the Sisters of Mercy, including the chief administrator. It offered a stimulating environment of learning, with true caring, and feeling for people. The environment suited General Mendez in terms of what he was seeking from that first year of graduate medical education. At the completion of this internship, General Mendez knew that he had arrived at the time when most physicians considered serving in the military. Since he had not trained in a specialty, he thought this would be a good time to serve in the Army for a two years. Then most likely he would return to civilian life and pursue a residency in pediatrics.<sup>3</sup>

General Mendez entered active duty at Fort Sam Houston, Texas, in 1955. He completed the officer basic course and received his first assignment to Camp Gordon, Georgia, as general medical officer. At Camp Gordon, he worked in a dispensary that primarily supported the Signal Corps. General Mendez, along with Dr. Frank Riddick, basically took care of sickcall during the morning. In the afternoons they would go over to the hospital to work in ambulatory care at the outpatient clinic. Because of his interest in pediatrics, General Mendez would serve in pediatrics whenever his service was needed. Eventually he was asked if he wanted to fill a vacancy in the Department of Medicine. He accepted the offer. Working in the Department of Medicine then convinced him that he wanted to be an internist.

Early in his military career, General Mendez's professional development was significantly influenced by his wife's uncle Colonel Bruno, who was an excellent officer and role model. Colonel Cafarelli, the Hospital Commander at Camp Gordon, gave him his first letter of commendation. Sergeant Cheeks, Sergeant Benny Johns, Sergeant Mabry, and

Private First Class Alford taught him how to run a dispensary.

In Georgia, General and Mrs. Mendez encountered the reality of segregation. They saw water fountains labeled "colored" and "white". Mrs. Mendez accompanied a friend of mixed marriage and her children to a local restaurant off-post for lunch. The waitress took the adult's orders but she didn't even ask the darker-skinned children what they wanted. Mrs. Mendez's friend admitted that "right here in this city, you will not find a restaurant that will serve all of us". So they went back to the post because Mrs. Mendez didn't want to stay there. General Mendez felt the Army was more progressive than the civilian surroundings in creating an environment of racial harmony and a lot more aggressive in getting rid of these artificial "Jim Crow" barriers.

This experience revealed to General and Mrs. Mendez the reality of U.S. race relations. Puerto Ricans may be light or dark-skinned, but they are all Puerto Rican. General and Mrs. Mendez happen to be light, or white. General Mendez stated that if he had been dark or black, he may have had a totally different experience in Georgia. Nevertheless, the

experience, the knowledge, and the influence of this racism were never lost upon this couple.<sup>4</sup>

Upon completing his assignment in 1957 at Camp Gordon, he attended the company grade officers' course at Fort Sam Houston, Texas. In this more advanced course, he learned about preventive medicine, principles of field medicine, and the other components of the Army medical department. The company grade officers' course oriented him more specifically toward military medicine.

In January 1958, General Mendez entered a residency in internal medicine at Brooke General Hospital, Fort Sam Houston, Texas. Even though internal medicine was not his first choice upon completion of medical school, he was intrigued by a specialty where he was able to take care of the majority of the ills of adult patients. The opportunity for internal medicine residency training, or graduate medical education, was the primary reason that he remained in the Army after his two years as a general medical officer at Camp Gordon. General Mendez believed the Army practiced high quality internal medicine. For example, the first case presentation that he witnessed was discussed so thoroughly, so scientifically, and so elegantly that he thought to

himself, "Now how can these guys be that good?" He felt that he could not match that level of professionalism, but he could surely emulate it. Despite his modesty, he soon excelled at the craft. He was selected to be the chief resident during his senior year of internal medicine residency training.

General Mendez had excellent teachers during his residency: Dr. Sheehan was his first Chief of Medicine. Dr. Blount, who after retirement from the Army became the dean of the medical school of the University of Mississippi, was the second Chief of Medicine during his residency training. During his last year of residency, he took some on-the-job training in the renal dialysis unit, which would prove to be beneficial to him in his next assignment. General Mendez had two very pragmatic goals when he completed his residency training: He wanted to practice internal medicine without someone looking over his shoulder; he also wanted to pass his internal medicine boards.<sup>5</sup>

In January 1961, the Mendez family's first assignment after completing residency training was as the Assistant Chief of General Internal Medicine, Tripler General Hospital, Hawaii. He was still a captain. The Mendez family

had four children, the last two having been born at Fort Sam Houston, Texas. General Mendez was responsible for the day-to-day operation of the ward, clinical patient care, and for the interns and residents that rotated on the officers' and women's medicine wards. His second major responsibility was to organize and manage the first renal dialysis unit at Tripler General Hospital. This assignment matured his medical and leadership skills because he had the opportunity to fill in for different specialty clinics or physicians. Secondly, he passed his specialty boards. During the middle of his tour, he was promoted to the rank of Major. Finally, he had the pleasure to work for and with two great teachers of medicine-Colonel Robert Hoagland and Colonel Bob Moser.<sup>6</sup>

In December 1963, the Mendez family accepted an assignment to the Clinical Research Division at Edgewood Arsenal, Maryland, at the request of one of his former chiefs of medicine and mentor General Blount, who was looking for people with clinical experience to come into research and development. General Mendez worked in the Clinical Research Division, where the primary thrust was research in the area of defense against chemical agents. In

spite of the fact that General Mendez was happy that he had this experience with research, he quickly realized that he was not a bench researcher. The Clinical Research Division assignment was the shortest assignment the Mendezes ever had.<sup>7</sup>

In the summer of 1964, General Mendez broke new ground once again. He was asked by Dr. Jack Fitzpatrick if he would come to Fort Sam Houston, Texas, to start up and head the Medical Field Service School's first Biological and Chemical Science Branch. General Mendez looked forward to taking his family back to Fort Sam Houston. Nevertheless, he felt some discomfort mixed with a little bit of guilt that he was not going to do clinical work. But he understood the needs of the employer (Army). General Mendez then assumed responsibility for teaching in several of the courses the NBC (nuclear, biological, chemical) doctrine of detection, protection, decontamination, prophylaxis, and therapy. Again, his research work at Edgewood Arsenal proved valuable.

Additionally, he was promoted to lieutenant colonel and selected to attend the resident course of the U.S. Army

Command and General Staff College (CGSC), Fort Leavenworth, Kansas.<sup>8</sup>

In 1967, General Mendez headed to Leavenworth to attend the short resident course of CGSC. He considered CGSC to be positive experience. The training exposed him to officers of other branches, although he was senior to most of them because he had recently been promoted to lieutenant colonel. He learned the other branches' expectations and thinking about the Army Medical Department. He gained a good perspective on the relationship of the Army Medical Department with line units. Furthermore, General Mendez felt that CGSC prepared him well for what was a very logical assignment after CGSC, to be a division surgeon.<sup>9</sup>

After completing CGCS, General Mendez was assigned to Frankfurt, Germany, where he served as the Division Surgeon, 3d Armor Division. General Mendez had both a positive reaction and a degree of ambivalence concerning this new assignment. "The ambivalence that I had was that this was going to be my first field assignment, so I had the typical reaction of many physicians that had to with performance-my own expectations of me rather than the expectations of anyone else. We can be harder on ourselves than anybody

else can."<sup>10</sup> As the Division Surgeon, he was responsible to the Division Commander for the overall health of the division. He established an excellent relationship with the Division Commander, Chief of Staff, the battalion commanders, the 97th General Hospital Commander, and the Corps Surgeon. An important lesson that General Mendez learned in this assignment was that everyone in the Army that has responsibility for units must become a preventive medicine officer. General Mendez had great admiration for both General Dolvin the Division Commander, and Colonel Bill Maddox, the Chief of Staff. They served as excellent role models and mentors.<sup>11</sup>

From the perspective of the Army Medical Department, General Mendez's European assignment presented an opportunity for a split tour-two different assignment in two setting during a single overseas tour. So in 1968, General Mendez was assigned as the Commanding Officer, U.S. Army Hospital Vicenza, Italy, after serving as the Division Surgeon for only one year. As a Lieutenant Colonel Mendez broke new ground and paved the way for future generations. It was very unusual at that time to command a hospital as a

lieutenant colonel. He accepted the responsibility; it paid dividends, for him and for the Army.

After the first year as commander of the U.S. Army Hospital, Vicenza, Italy, General Mendez assumed the additional responsibilities as the commander of the 45th Field Hospital and Surgeon for the Southern European Task Force, Vicenza, Italy. As a new commander, his major challenges were to keep the staff together to provide well-trained people to serve the needs of the patients, to maintain cohesion in the unit, to familiarize the staff in the fixed hospital with needs of the field unit, and to instill a sense of responsibility for their own particular area of expertise and to their role in the field environment. Furthermore, the combined command of the U.S. Army Hospital and the 45th Field Hospital prepared him for the challenge of marrying a fixed hospital mission with a field hospital mission.

Despite these challenges, General Mendez recollected that his first command was a happy experience because of the excellent quality of the hospital staff. General Mendez recollected some of them quite vividly. The chief nurse, Lieutenant Colonel Levangey, was a superb individual and

excellent chief nurse; Lieutenant Colonel Louis J. Molli was a first-rate administrative officer and subsequent friend of many years; Dr. Burt D'Ambrosio and Dr. Tony Zeibert were superb internists and colleagues; Dr. Ted Raia went on to become the Chief of Radiology at Walter Reed; and Dr. Janis Sube was the chief of surgery and a very well-trained surgeon. He cited others as well. The friendships that ensued from his first command have continued for a long time. <sup>12</sup>

In the summer of 1970, General Mendez relinquished command and was reassigned as the Chief, Medical Corps Career Activity Division, Office of the Surgeon General, Washington, D.C. This was the Mendez family's first of several assignments to the Washington area. General Mendez left Europe on the promotion list, but he was not promoted until he returned to the U.S. General Mendez was promoted to colonel by Colonel Frank Newman at the Medical Service School at Fort Sam Houston, Texas, during the Mendez family travel to Washington, D.C. However, his wife was annoyed because she did not participate in the promotion ceremony. General Mendez received his "eagle" himself during a visit to Colonel Newsman's office. General Mendez admitted that

he had to "appease the feelings at home" because he "failed to make a "Big To-Do" about reaching this career milestone.<sup>13</sup> But all has long been forgiven.

The Chief of Medical Corps Career Activity Division was an unusual position for General Mendez because he had not worked specifically in what are called "personnel jobs" in the past. His major responsibility would be career planning and assignment for the Medical Corps.<sup>14</sup> In August 1972, he attended the Industrial College of the Armed Forces, Fort McNair, Washington, D.C. General Mendez said that he learned several important lessons as a student at the Industrial College of the Armed Forces. First, he learned the importance of nurturing productive professional relationships with others in different disciplines. Secondly, he recognized the excellence of all people who were outside of his branch. Finally, the Industrial College was good preparation for dealing with people from other services and dealing with the variety of needs in a very large organization.<sup>15</sup>

Upon graduation with honors in the summer of 1973, General Mendez broke new ground again. He was reassigned to Fort Sam Houston, Texas, to establish the Academy of Health

Sciences' first Nonresident Health Education branch for officers. General Mendez was the director; he assumed the responsibility of bringing together under one umbrella the health education that existed outside of the structure of the Academy. General Mendez and his staff were given office space in the lower floor of the Academy. General Mendez told a fascinating vignette about his office: "It may interest you that I had a set of furniture that had some history behind it. It was not being used, so it was brought to my office. I brought in a carpet. Someone came in and said, 'Ah! Ha! The Spanish Governor's Palace'. I just want to tell you the next day a sign appeared outside of my office that said, 'The Spanish Governor's Palace'. I left the sign on the wall."<sup>16</sup>

In 1975, General Mendez assumed responsibility as Deputy Chief of Staff for Operations, Health Services Command, Fort Sam Houston, Texas. His responsibility was a classical mission of the operation directorate of any large headquarters.<sup>17</sup> On 1 September 1976, General Mendez became the fourth Hispanic American to be promoted to brigadier general in the U.S. Army-the first in the Army Medical Department. General Spurgeon Neel, Commander Health

Services Command, and Mrs. Mendez officiated at the ceremony. Both of General Mendez's parents had died that year, so there was some sadness in the fact that they would not be there to share in their son's achievement.. However, his wife's mother and father, the Mendez children, and his brother and his wife were at the ceremony. General Mendez was very excited about the promotion. But it entailed having to move very quickly to Washington to carry out his next assignment.<sup>18</sup>

General Mendez's first assignment as a general officer was the operations position of Director, Health Care Operations, Office of the Army Surgeon General, Washington, D.C. This was a natural assignment subsequent to his serving as Deputy Chief of Staff for Operations at Health Services Command. This was also his second assignment within the Surgeon General's office. His responsibility was now more worldwide. He would oversee capability to deploy properly tailored medical units within the Army Medical Department. This assignment lasted a little over a year.<sup>19</sup>

In 1977 Brigadier General Mendez assumed the position of Deputy Surgeon General Office of the Army Surgeon General. Lieutenant General Richard Taylor was the Surgeon

General. Later, Lieutenant General Pixley became the Surgeon General. He and General Mendez came from different backgrounds. General Pixley was a surgeon and had significantly more field duty than General Mendez. They basically divided the office not only by areas of expertise and experience, but also by programs. This division of labor was based on strengths, experience, and areas that they felt comfortable in. General Mendez and General Pixley enjoyed a very fine working relationship. General Mendez was promoted to the rank of major general on 24 February 1978 while serving as the Deputy Surgeon General of the Army. This became his longest assignment in his military career.<sup>20</sup>

In September 1981 history was made again, when General Mendez assumed command of the Army Medical Department flagship hospital, Walter Reed Army Medical Center, Washington, D.C. Major General Ray Bishop, the commander of Health Services Command and fellow internal medicine resident with General Mendez, officiated over the ceremony. The out-going commander, General Bernie Mittemeyer, became the new Surgeon General succeeding General Pixley. General Mendez was very proud to be the new commander of Walter Reed

for several reasons. First, he was proud of the hospital, not only in the excellence of its care, but in its fine teaching. Secondly, this was his first assignment to this historic academic institution, since he had not trained or been assigned as a staff member prior to assuming command. Walter Reed had three major missions: to provide health care, to participate in research and clinical investigation, and to teach. General Mendez wanted to spend some time clinically, and some time teaching, as well as running the medical center. Walter Reed is an Army post as well as a hospital. This made for an interesting combination as far as General Mendez was concerned. Thus General Mendez had other responsibilities, such as over seeing tenant units and running a post: What were are the needs of the tenant units? How much hassle were patients having with parking? etc.,.<sup>21</sup>

General Mendez knew that his entire staff at Walter Reed was excellent in all areas of academic and clinical medicine. However, in 1982 he sent a resounding message to Walter Reed patients. He selected Dr. Jim Davia, the Chief of Cardiology and a former intern at Tripler with General Mendez, and Dr. Russ Zajtchuk, the chief of Cardiovascular Surgery as the head of his medical/surgical team when he

underwent coronary artery bypass surgery at Walter Reed.

General Mendez felt that as a patient he had great reliance on the nursing service, which provided for his excellent care. General Mendez did not welcome his serious illness. But he did welcome the opportunity to convey personally his respect and trust in the institution he commanded.

General Mendez came back to work pretty much full time about one month after his surgery. After he returned to Walter Reed, he remained at the position of commander until his retirement in June, 1983. One incentive for him to retire was an offer to return to Puerto Rico and become the Dean of the Ponce School of Medicine in Ponce, Puerto Rico.<sup>22</sup>

General Mendez retired from active duty on 30 June 1983. The retirement ceremony took place in front of the hospital, viewed by assembled troops from Walter Reed. The ceremony was officiated by his good friend General Ray Bishop who commanded Health Services Command. The incoming commander was General Lewis Mologne, who General Mendez knew to be a fine person. General Mendez was asked if he regretted not becoming the Surgeon General before he retired. He responded no and said: "It is an interesting

question because I have been asked that question before. Indeed those people who had wanted me to become Army Surgeon General felt regret perhaps even more than I did. I believe that [not serving as Surgeon General] didn't impede my progress through life nor change my outlook on what I think is important and what actually is fulfilling."<sup>23</sup>

In 1983 General Mendez returned to Puerto Rico with a bit of romance in his mind. He looked forward to working there and giving back something in return for the education he received as a young man. General Mendez thus accepted the position of Dean, Ponce School of Medicine, Ponce, Puerto Rico. Where he underwent an unanticipated period of reacculturation, despite his Puerto Rican origin. His immediate priorities were to become familiar with the preclinical, and the clinical staffs, the department heads, students (especially their financial needs), the registrar's office, the accreditation process, development of a research programs, the possibility of later building and growth, and so on.

General Mendez envisioned the Medical school as a community based, primary- care oriented medical school that served the needs of the people in Puerto Rico and that would

be an intrinsic part of the community that it served. Furthermore, he wanted to create a philosophy of care among its graduates and a medical school that served as a center for bringing together the hospitals within the city of Ponce, both public and private, by its integration of all of them around the school and the needs of the population.

General Mendez became both the Dean and President of the Ponce School of Medicine after being in the Dean's position only year. He didn't see much difference in doing both positions since they dovetailed with one another. General Mendez had a good relationship with the board of the school. During his tenure, he was able to develop a strong family medicine program, to build a structure for research, to continue the maturation of the school and its accreditation process, and to recruit high quality faculty and staff.<sup>24</sup>

In January 1988 General Mendez was asked and accepted the position of Medical Director of Damas Hospital, Ponce, Puerto Rico. Damas was one of the teaching hospitals of the medical school. When he completed his duties at the medical school, he certainly did not expect to be the Medical Director of Damas Hospital. But General Mendez

enjoyed serving as the medical director. It was a teaching hospital, and he liked the academic mission. He knew the people quite well. It was a comfortable position. However, after only one year in the position, the then Governor of Puerto Rico, Mr. Rafael Hernandez Colon, appointed General Mendez as the Secretary of Health for Puerto Rico.<sup>25</sup>

In January 1989 General Mendez assumed the position of Secretary of Health, Commonwealth of Puerto Rico, after being confirmed by the Puerto Rico's Senate.

General Mendez then under took the responsibilities of public health, running the public hospitals and clinics, and actually delivering health care to the population. General Mendez's vision was to bring health care close to the population: To increase access and availability, to develop a system of prevention and education, and to provide a mix of both public and private health care as needed. During his regrettfully short period in this position, General Mendez learned the lessons of the necessity of working with leaders of the towns, such as mayors, and with the leadership of committees that oversaw the health picture in both House and Senate in Puerto Rico. He perceived the need at all levels of the department for further administrative

training. The other thing that he learned had to do with the role of politics, not only internal medical politics but party politics and what goes on in terms of relationships between the townships and the executive branch. He learned about politics in the larger sense of the term.

General Mendez was Secretary of Health when Hurricane Hugo struck Puerto Rico. His military training was very helpful in dealing with the aftermath of the hurricane. General Mendez provided great leadership, vision, and put many systems in place for the future of health care in Puerto Rico. Furthermore, as a Puerto Rican he had the opportunity to be able to give back to his homeland during those years in Puerto Rico in three different positions: as the president and dean of a medical school; as a medical director of a private hospital; and as an appointed public servant.<sup>26</sup>

General Mendez's legacy as a soldier and great leader in the field of medicine caught the attention of the highest leader in our nation, President Bush. In December 1989, the President nominated General Mendez to be the Assistant Secretary of Defense (Health Affairs) Department of Defense, Washington, D.C. . General Mendez explained to the Governor

of Puerto Rico that he felt that his acceptance of the position was important not only for himself but also for Puerto Rico. He could not refuse this type of presidential appointment. Furthermore, he saw it as a culmination of his career in Military medicine. General Mendez served briefly as the Principal Deputy Assistant Secretary of Defense (Health Affairs) while he was awaiting Senate confirmation.

The Senate Armed Services Committee, chaired by Senator Sam Nunn, confirmed General Mendez on 5 March 1990.<sup>27</sup>

General Mendez thus became the principal advisor to the Secretary of Defense on health matters. These health care matters covered the gamut of medical readiness in support of the armed forces, health care policy, providing quality health care to active duty families and other eligible beneficiaries, as well as the programs and budgets to support these programs. General Mendez's major challenges were the spiraling cost of health care both in the military treatment facilities and CHAMPUS programs, increasing demand for health care both in frequency and intensity by the aging retirees, the emerging era of managed care in the country, retention of health professionals particularly in the right specialties mix, and graduate medical education. In the

midst of these challenges came OPERATIONS DESERT SHIELD and STORM with their aftermath, the Gulf War Syndrome.<sup>28</sup>

General Mendez envisioned a state of medical readiness to support the troops in various scenarios or operations. He sought to provide cost-effective high quality health care and access to military beneficiaries, either through military treatment facilities or through combinations of military treatment facilities, CHAMPUS and/or contracts. He sought to deal with the drawdown within the military and its effects on the medical departments of the different military services.<sup>29</sup> In order to achieve his vision, General Mendez established, for example, Coordinated Care, a managed care system for the military. This system married up the health care providers in the Air Force, Army, and Navy, as well as civilian providers through CHAMPUS or contracts. This system experienced many of the same pains in the beginning as managed care had faced in the civilian sector.

Another major factor that assisted General Mendez in achieving his vision was the strengthening of the medical functions of the Department of Defense. In October 1991, the Deputy Secretary of Defense authorized the Department of Defense funding that dealt with medical personnel,

facilities, and programs be under the control and direction of the Assistant Secretary for Health Affairs, General Mendez. This history-making authorization also established the Defense Medical Advisory Council, which was chaired by General Mendez. The Council advised General Mendez on medical issues or missions. The Council consisted of presidential appointees from the military departments, general or flag officers from each of the military services and joint staff, and the President of the Uniformed Services University.<sup>30</sup>

During his tenure, General Mendez worked with a total of six surgeons general.

In the Army the first was General Frank Ledford, who was followed by General Cid LaNoue. The Navy at first provided Admiral Jim Zimble, who was followed by Admiral Don Hagen. The Air Force had General Monte Miller, and after him came General Rusty Sloan. General Mendez enjoyed good relationship with the surgeons general, but that does not mean that he saw eye to eye with all of them on every issue. However, he understood their positions as surgeons general. Furthermore, General Mendez had a good relationship with his bosses, Secretary of Defense, Mr. Dick Cheney, and Mr. Don

Atwood, the Deputy Secretary of Defense. Finally, in January 1993, General Mendez completed his brilliant career in military/civilian medicine as the Assistant Secretary of Defense for Health Affairs. He was awarded the Department of Defense Medal for Distinguished Public Service and was again planning to retire.<sup>31</sup>

But in April 1993, General Mendez showed he remained singularly unsuccessful at the business of retiring. Again General Mendez's great leadership and medical expertise were summoned when he was asked to serve as a special consultant to Booz, Allen and Hamilton Inc., McLean, Virginia. General Mendez spent the majority of his time in this position in health care systems reengineering and the evaluation and possible changes of health care systems, mostly in Latin America. This consultant experience lasted until his retirement in October 1994.<sup>32</sup>

In his retirement General Mendez is trying to spend more time with his wife, children, and grandchildren. He stays actively involved with former military friends and close associates, serves on several boards, offers guest lectures, and currently presides over the Society of Medical Consultants to the Armed Forces. In addition, he did

something unusual in the last year: He made an investment in a construction company called Artbuilt in Virginia, for the construction of homes in the area of Stafford County. He enjoys the pace of his current life. He has no specific plans to launch into writing endeavors.<sup>33</sup>

**Medical Issues and Strategic Thought:**

The following are selected quotes from the interview which reflect General Mendez's views on some medical issues and on strategic leadership competencies. These have been extracted from the interview to share his wisdom and experience on these issues.

*General Mendez on career development while serving as Chief, Medical Corps Career Activities Division, Office of the Surgeon General:* "A concept about careers came about while I was in the job, I read a bit about it and thought a lot about it, and realized that a lot of folks looked at careers like a series of assignments: number one, this; number two, that; number three, etc. They filled the preference sheet and hoped that you would come up with one of your first assignments. I realized that the important thing was not so much that, but to ask yourself what kind of professional you wished to be, and how you were going to

develop yourself, particularly if you were going to stay in the Army so you could perform at the many levels that may be demanded of you. Therefore, [I advocate] a concept of career, not as a series of assignment, but as a flowing concept of development. To that effect, it is different from other thoughts that we give to medicine. It is a process that is ever-changing. It has to have the ability to develop a resilience within the path being followed that will accept a different demand because of the needs of the system you are serving. The ability to look at the total picture-- those of us in residency, for instance, believed that administrative chores were anathema. Not only that, but that they actually may be demeaning because they are below our stations as clinicians. Of course, at that point we derived that conclusion from the short experience that we had. If we do not allow ourselves to indeed explore other possibilities then we may be narrow in our scope, . . .

. The exploration of needs and growth of an individual as he develops expertise and as he develops fulfillment of his immediate goals, is an important consequence, and I believe, part of his or her career, . . . Therefore, I feel that the nature of the job, the growth that can be derived for you

from that, and the achievement of your intermediate goals by those jobs are a series of functioning, ever-flowing experiences, . . ." <sup>34</sup>

*General Mendez thoughts on joint/combined Graduate Medical Education training programs among the military service: I envision even a greater amount of jointness. Certainly as you know, programs are coming together, . . . The major reason I remained in the Army after my first two years as a GMO, was to be in the graduate medical education program; to go into my residency. So I am a product of that graduate medical education. As a product, I am also very much of a believer, . . . With the decrement that is occurring in personnel and with programs shrinking, it becomes almost self-evident to me that it is a lot better to maintain strong programs by bringing them together, than it is to carry weak programs separately with either a lesser number of residents per program or lesser number of staff because you don't have the personnel to man it. I believe that we are better off maintaining them jointly, and indeed inputting residents and fellows into them jointly. To that effect, I favor that trend and I believe it will continue.*

I believe that the present leadership of the Army Medical Department understands it that way."<sup>35</sup>

*General Mendez on the question of a future "Purple Military Medical Department" within DOD [department of defense]:* "Let me first of all, tease apart a definition for you because I have seen the word 'purple' used in many ways. The word purple I believe in its origin was the color that would come out if you took the color of the uniform of the three services and put them together. Some wit told me one time that purple was the color of a bruise. If you consider that definition, do I think that the medical departments of the three services will go into the wearing of one uniform? My answer would be no. I don't believe so. However, do I believe that we will have a greater amount of jointness than we have had in the past? The answer is yes, . . . I am talking about medical services, particularly those medical services that are sophisticated in nature. I am also talking operationally, . . . However, I believe that the continuity of a specific uniform with a specific medical department of a specific service causes greater identification, . . . recognition or identification with a specific service creates a better type of relationship with

line officers and other people and soldiers who we are there to serve. To that effect, the sense of belonging to that force is even greater. I believe that there are operational medicine consequences in each one of the services that are peculiar to that particular service, whether we are talking about submarine medicine, aerospace, etc.". <sup>36</sup>

*General Mendez thoughts on Operations Other Than War [OOTW] as it relates to military mission such as Somalia, Bosnia?:* " We as medics have always had an involvement, because we think in term of supporting humanitarian efforts, . . . We have also had other examples in natural disasters during which the services have been very helpful in supporting both people on active duty as well as other people, . . . It behooves us within our training-within both training in the field as well as didactic exercises-to be cognizant of the fact and to take it very much consideration in the training of our people". <sup>37</sup>

*General Mendez suggestions on the training and preparation of strategic leaders in the Army Medical Department:* "When we look at the formation of the medical officer, we have two general tracks of formation: one track that speaks to our clinical endeavor in which we go through

a fairly prescribed type of experience that speaks to internship, residency, fellowship and so on. We guide ourselves through the same steps as our colleagues as we end up with board certification, as we end up with those recognized certificates through the years, . . . I also favor medical officers going through the same type of military educational experiences as other officers. I am talking about Command and General Staff College and senior service schools. Not only because it gives a greater recognition of the needs of the soldier, but it also gives medical officers the knowledge of those that he has the responsibility of serving, . . . Let me speak about another type of knowledge which I think is important and which has to be sought out a little differently. That is knowledge about what going on in American medicine, . . . What goes on in civilian life with managed care? What are the problems that are occurring in one part of the country or the other?"<sup>38</sup>

*General Mendez vision of the Army Medical Department in the Next five to ten years:* "I think the vision is one of a lesser number of hospitals and personnel. You have seen an increase in jointness in terms of education and operation.

This will increase. Although these are difficult times as you come down in numbers and places, the Medical Department can emerge from that as an important and strong structure able to do its support mission and do it well".<sup>39</sup>

*General Mendez views on the future of Tricare being successful?* "I believe that Tricare is terribly important for the continuity of the Medical Departments. At a time of drawdown, at a time where our personnel picture is less than it has been, at a time of decreasing programs for graduate medical education, at a time of closures of some of our hospitals, at a time that mergers are taking place in civilian life , [we need] the ability to bring together the resource base that will offer services to people in a way that it can be managed in its total, and in a way that access can be increased and quality assured. This is not only important in terms of our population. I believe that at this time its presence and its continuity are vital to the Medical Departments."<sup>40</sup>

*General Mendez thoughts on some of the pitfalls that the Medical Department should avoid:* "Parochialism. Another is not being able to measure things well. Do we know how much things cost? Another is not being broad

enough in our thinking in terms of taking care of people ; and in terms of graduate medical education, . . . I wish to stress, however that graduate medical education within the military will continue to be important , should continue to be defended, and its continuity is essential to the continuity of the Medical Department".<sup>41</sup>

**The Human Dimension and Philosophy of General Mendez's Legacy**

During the entire interview General Mendez provided numerous vignettes on the attributes, qualities and philosophy of a great leader. Thus as the interviewer comes to the opened ended rather than closed chapter of General Mendez's legacy, it is important that these vignettes are summarized as his philosophy and human dimension. The Human dimension and philosophy of General Mendez's are as follows:

1. Be yourself
2. Demonstrate an understanding of medicine
3. Intrinsic to leadership and medicine is both integrity and honesty
4. Allow for Individual expression
5. The patient is the epicenter of medicine
6. A good leader will become the star; Automatically

7. Leadership by example
8. Be prudent not fearful
9. Leadership is a basic philosophy of action
10. Knowing your environments lead to good planning
11. Explain the reasons why, if you know
12. Take care of your people
13. Be a mentor
14. The leader is a conductor not a soloist
15. Teaching comes from everybody If you allow yourself to learn<sup>42</sup>

General Mendez's legacies are his development of numerous programs, and leaders, his humble and untiring service to his nation, his soldiers, his patients and the community. He is deeply rooted in his family. Throughout his forty-four year excellent marriage to Olga M. Mendez, they successfully reared four children. General Mendez see the future now through the eyes of his children and grandchildren many times rather than through his own eyes or his wife.

As a senior strategic leader, General Mendez has served his country honorably and with great pride, both in and out of government. Major General Enrique Mendez, Jr. in the

opinion of the writer is one of the greatest leaders both militarily and medically of the twentieth Century. His conductor, humble, caring and compassionate approach to leadership has served him well throughout his life. These qualities have enabled him to overcome great challenges, and rise to the highest levels of powers, while keeping his feet firmly planted on the ground.

We should always remember that the mark of a great career is not so much the rank you attain, but the legacy you leave behind for others to follow. General Mendez will always be remembered as a great leader, mentor, and role model who believes that teaching comes from everybody if you allow yourself to learn.



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#### Endnotes

<sup>1</sup> USAWC Senior Officer Oral History Interview of Major General (Retired) Enrique Mendez, Jr. Interview conducted by LTC (P) Elder Granger, United States Army 15, 22, November and 6, 13, December 1996, Stafford, Virginia. Copies of the interview transcript are available at United State Army War College Military History Institute, Carlisle Barracks, PA.  
pp 1-18.

<sup>2</sup> Ibid., 19-23.

<sup>3</sup> Ibid., 25-29.

<sup>4</sup> Ibid., 29-43.

<sup>5</sup> Ibid., 44-58.

<sup>6</sup> Ibid., 59-65.

<sup>7</sup> Ibid., 66-67.

<sup>8</sup> Ibid., 67-73.

<sup>9</sup> Ibid., 73-77.

<sup>10</sup> Ibid., 79.

<sup>11</sup> Ibid., 80-89.

<sup>12</sup> Ibid., 90-107.

<sup>13</sup> Ibid., 111

<sup>14</sup> Ibid., 107-112.

<sup>15</sup> Ibid., 117-120.

<sup>16</sup> Ibid., 120-123.

<sup>17</sup> Ibid., 123-124.

<sup>18</sup> Ibid., 127-128.

<sup>19</sup> Ibid., 128-130.

<sup>20</sup> Ibid., 130-134.

<sup>21</sup> Ibid., 135-142.

<sup>22</sup> Ibid., 145-155.

<sup>23</sup> Ibid., 179-180.

<sup>24</sup> Ibid., 180-189

<sup>25</sup> Ibid., 190-191.

<sup>26</sup> Ibid., 191-203.

<sup>27</sup> Ibid., 204-213.

<sup>28</sup> Ibid., 213-216.

<sup>29</sup> Ibid., 216-217.

<sup>30</sup> Ibid., 218-222.

<sup>31</sup> Ibid., 229.

<sup>32</sup> Ibid., 234-235.

<sup>33</sup> Ibid., 235-239.

<sup>34</sup> Ibid., 114-117.

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<sup>35</sup> Ibid., 156-159.

<sup>36</sup> Ibid., 159-160.

<sup>37</sup> Ibid., 161.

<sup>38</sup> Ibid., 161-163.

<sup>39</sup> Ibid., 171-172.

<sup>40</sup> Ibid., 231-232.

<sup>41</sup> Ibid., 232-233.

<sup>42</sup> Ibid., 164-168.